



PATENTS

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application:

Inventor(s): Scalone et al.

Group: 1626

Serial No. 10/763,296, filed January 22, 2004

Examiner:

For: PROCESS FOR PREPARING HETEROCYCLIC INDENE ANALOGS

STATUS INQUIRY

Nutley, New Jersey 07110
July 28, 2005

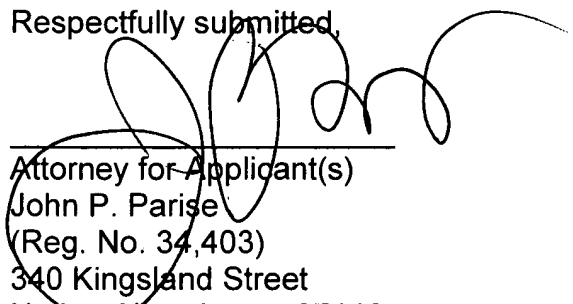
Commissioner for Patents
P.O. Box 1450
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Sir:

Information regarding the present status of this application is respectfully requested.

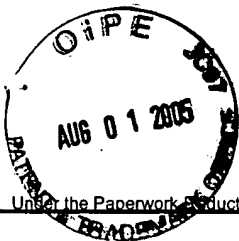
The last communication from the Patent and Trademark Office was a Notice Under 37 CFR 1.251 – Pending Application dated April 7, 2005. Applicants have no record of any further communication from the Patent and Trademark Office and would appreciate knowing when a communication can be expected.

Respectfully submitted,



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TRANSMITTAL FORM (to be used for all correspondence after initial filing)	Application Number	10/763,296	
	Filing Date	01/22/2004	
	First Named Inventor	Michelangelo Scalone	
	Art Unit	1626	
	Examiner Name		
Total Number of Pages in This Submission	2	Attorney Docket Number	20826 US1

ENCLOSURES (Check all that apply)

<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input checked="" type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div>Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm or Individual name	John P. Parise
Signature	
Date	07/28/2005

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